TRADEMARK DE	this form, together wi		or Fax	(703) 746-4000	or Patents ginia 22313-1450	
STRUCTIONS: This f	orm should be used for true	ismitting the ISSUE F	FEE and PUBLIC and mulfication recifying a new or	ATION FEB (if requ of maintenance feed	ired). Blocks I through 5 st will be mailed to the current; and/or (b) indicating a sepa	hould be completed whe correspondence address trate "FEE ADDRESS" f
CURRENT CORRESPONDEN	OTIS. NCE ADDRESS (Nuls: Use Block 1 for 7590 02/11/2005			Note: A certificate of	f mailing can only be used for his certificate cannot be used a al paper, such as an assignme to of mailing or transmission.	or domestic mailings of t
SAN DIEGO CA	RTMENT PRRENTO PARKWAY 192130			I hereby certify that to States Postal Service addressed to the Ma transmitted to the US	rificate of Mailing or Train his Fee(s) Trunsmittal is bein with sufficient postage for fir il Stop ISSUE FEE address PTO (703) 746-4000, on the c	g deposited with the Unit at class mail in an envelor above, or being faceim date indicated below.
/2005 AWONDAF2 00	000004 502733 09891	441		JAMES		(Дерозіка'я озп
:1501 1400.	O DA			7	TOPE	(Signatu
:1504 300.				West	de 2, 2005	(Da
APPLICATION NO.	00 DA FILING DATE	FIR:	ST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/891,441	06/25/2001	1	Shawn Ray Isaacs)n	IOME-0361/P0734	3684
APPLN. TYPE	SMALL ENTITY NO	199UE PER \$1400	P	JBLICATION FEE	TOTAL FEE(S) DHE \$1700	DATE DUE 05/11/2005
<u> </u>					٠	
	AMINER	ARTUNIT	1 6	LASS-SUBCLASS	נ	
•	THOMAS R	2132		713-193000		
Change of correspondence address or indication of "Pee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, tiet (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
"Fee Address" indie PTO/SB/47; Rev 03-03		estion form	registered attorne	v or agent) and the na	mes or up to	
"Fee Address" indi- PTO/SB/47; Rev 03-0; Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unle recordation as set forth	cation (or "Fee Address" Indi 2 or more recent) attached. U ND RESIDENCE DATA TO see an assignee is identified in 37 CFR 3.11. Completion	cation form se of a Customer BE PRINTED ON THE below, no assignee dat a of this form is NOT a	registered attorned 2 registered parent listed, no name when E PATENT (print ta will appear on a substitute for filing the substitute for filing print ta will appear on a substitute for filing the sub	y or agent) and the hat a tentioneys or agents. It be printed. or type) the patent. If an assignment.	mes of up to if no name is 3	document has been filed
"Fee Address" indi- PTO/SB/47; Rev 03-07. Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unk recordation as set forth (A) NAME OF ASSIG	cation (or "Fee Address" Indi 2 or more recent) attached. U ND RESIDENCE DATA TO see an assignee is identified in 37 CFR 3.11. Completion	cation form se of a Customer BE PRINTED ON THE below, no assignee dat a of this form is NOT a	registered attorned 2 registered patent listed, no name w E PATENT (print ta will appear on a substitute for filin RESIDENCE: (CI'	y or agent) and the hat a tentimesy or agents. I tentimesy or agents. I the printed. or type) the patent. If an assignment. TY and STATE OR Co	gnee is identified below, the	
"Fee Address" indip PTO/SB/47; Rev 03-0: Number is required. ASSIGNEE NAME AT PLEASE NOTE: Under recordation as set forth (A) NAME OF ASSIG	cation (or "Fee Address" India or more recent) attached. UND RESIDENCE DATA TO the area as assigned is identified in 37 CFR 3.11. Completion of the completi	se of a Customer BE PRINTED ON THE below, no assignee dat n of this form is NOT a (B) R cories (will not be printe	registered attorne 2 registered paten listed, no name w E PATENT (print ts will appear on a substitute for filin RESIDENCE: (CI	y or agent) and the hat a fattomery or agents. I the printed. or type) the patent. If an assignment. TY and STATE OR O	mes of up to if no name is 3 mee is identified below, the	
"Fee Address" indip PTO/SB47; Rev 03-0: Number is required. ASSIGNEE NAME AT PLEASE NOTE: Under recordation as set forth (A) NAME OF ASSIGNEE ASSIG	reation (or "Fee Address" India or more recent) attached. UND RESIDENCE DATA TO the an assignee is identified in 37 CFR 3.11. Completion in EE	BE PRINTED ON THE below, no assignee dat n of this form is NOT a (B) R sories (will not be printed	registered attorne 2 registered paten listed, no name w E PATENT (print ts will appear on a substitute for filin RESIDENCE: (CI Sa. ted on the patent): Payment of Fee(s):	y or agent) and the hat a fattomery or agents. I the printed. or type) the patent. If an assignment. TY and STATE OR O	mes of the to grace is identified below, the DUNTRY) Corporation or other private g	
"Fee Address" indip PTO/SB47; Rev 03-0: Number is required. ASSIGNEE NAME AT PLEASE NOTE: Under recordation as set forth (A) NAME OF ASSIGNAME AT ease check the appropri	reation (or "Fee Address" India or more recent) attached. UND RESIDENCE DATA TO the same assignee is identified in 37 CFR 3,11. Completion in EE	BE PRINTED ON THE BEIGHT ON THE BEIGHT ON THE BEIGHT ON THE BEIGHT ON ASSIGNED DE BEIGHT ON ASSIGNED DE BEIGHT ON ASSIGNED BEIG	registered attorné 2 registered paten listed, no name w E PATENT (print ta will appear on a substitute for filin RESIDENCE: (CI' Sa. ~ red on the patent): Payment of Fee(s): A check in the a Payment by cree	y or agent) and the hat a fattomeys or agents. I all be printed. or type) the patent. If an assignment. TY and STATE OR Co. Individual Management of the foc(s) is lit card. Form PTO=20	mes of the to fine name is 3 gener is identified below, the DUNTRY) Corporation or other private genelosed. 38 is attached.	group entity 🚨 Governm
"Fee Address" indip PTO/SB47; Rev 03-0: Number is required. ASSIGNEE NAME AT PLEASE NOTE: Under recordation as set forth (A) NAME OF ASSIGNAME AT ease check the appropri	reation (or "Fee Address" India or more recent) attached. UND RESIDENCE DATA TO the an assignee is identified a in 37 CFR 3.11. Completion in EE	BE PRINTED ON THE BEIGHT ON THE BEIGHT ON THE BEIGHT ON THE BEIGHT ON ASSIGNED DE BEIGHT ON ASSIGNED DE BEIGHT ON ASSIGNED BEIG	registered attorné 2 registered paten listed, no name w E PATENT (print ta will appear on a substitute for filin RESIDENCE: (CI' Sa. ~ red on the patent): Payment of Fee(s): A check in the a Payment by cree	y or agent) and the hat a fattomeys or agents. I all be printed. or type) the patent. If an assignment. TY and STATE OR Co. Individual Management of the foc(s) is lit card. Form PTO=20	mes of the to fine name is 3 gener is identified below, the DUNTRY) Corporation or other private genelosed. 38 is attached.	noup entity 🚨 Governm
"Fee Address" indip PTO/SB47; Rev 03-0: Number is required. ASSIGNEE NAME AT PLEASE NOTE: Under recordation as set forth (A) NAME OF ASSIGNEE The following fee(s) at Its following fee(s) at The following fee(s) at The following fee(s) at Advance Order - fee	reation (or "Fee Address" India or more recent) attached. UND RESIDENCE DATA TO the an assignee is identified a in 37 CFR 3.11. Completion in EE	BE PRINTED ON THE BE PRINTED ON THE below, no assignee dat of this form is NOT a (B) R sories (will not be printed 4b. P	registered attorne 2 registered patern listed, no name w E PATENT (print ta will appear on a substitute for filin RESIDENCE: (Cl' Sa. ~ red on the patent): Payment of Fee(s): A check in the a Payment by creating the Director is beposit Account N	y or agent) and the hat a fattomery or agents. I all be printed. or type) the patent. If an assignment. TY and STATE OR Co. Individual Individual mount of the foc(s) is lit card. Form PTC=20 hereby authorized by umber	mes of the to fine name is 3 gence is identified below, the DUNTRY) Corporation or other private genclosed. 38 is altached. charge the required fee(a), or (enclose an extra	group entity Government of credit any overpayment copy of this form).
"Fee Address" indip PTO/SB/47; Rev 03-0. Number is required. ASSIGNEE NAME AT PLEASE NOTE: Under recordation as set forth (A) NAME OF ASSIG Case check the appropri The following fcc(e) at Publication Fee (N) Advance Order - fee Change in Entity Stat	cation (or "Fee Address" India or more recent) attached. UND RESIDENCE DATA TO the same assignee is identified in 37 CFR 3.11. Completion in EE Corpar Chino are assignee category or cat	BE PRINTED ON THE BEPRINTED ON THE below, no assignee dat of this form is NOT a (B) R gories (will not be printe 4b. P tted) 7 7 8 7 8 7 8 8 8 8 8 8 8	registered attorned 2 registered patent listed, no name we E PATENT (print ta will appear on a substitute for filing RESIDENCE: (Cl' Sa. ~ red on the patent): Payment of Fee(s): A check in the and Payment by creating the Director is peposit Account N	y or agent) and the hat a fattomery or agents. I all be printed. or type) the patent. If an assignment. TY and STATE OR Co. Individual Individual mount of the fee(s) is lit card. Form PTC=20 hereby authorized by umber	mes of the to fine name is 3 grace is identified below, the DUNTRY) Corporation or other private gracelosed. 38 is attached. charge the required fee(a), or (enclose an extra and extr	group entity Government credit any overpayment copy of this form).
"Fee Address" indip PTO/SB/47; Rev 03-0. Number is required. ASSIGNEE NAME AT PLEASE NOTE: Under recordation as set forth (A) NAME OF ASSIG Case check the appropri The following fcc(e) at Publication Fee (N) Advance Order - fee Change in Entity Stat	cation (or "Fee Address" India or more recent) attached. UND RESIDENCE DATA TO the same assignee is identified in 37 CFR 3.11. Completion in EE Corpar Chino are assignee category or cat	BE PRINTED ON THE BEPRINTED ON THE below, no assignee dat of this form is NOT a (B) R gories (will not be printe 4b. P tted) 7 7 8 7 8 7 8 8 8 8 8 8 8	registered attorned 2 registered patent listed, no name we E PATENT (print ta will appear on a substitute for filing RESIDENCE: (Cl' Sa. ~ red on the patent): Payment of Fee(s): A check in the and Payment by creating the Director is peposit Account N	y or agent) and the hat a fattomery or agents. I all be printed. or type) the patent. If an assignment. TY and STATE OR Co. Individual Individual mount of the fee(s) is lit card. Form PTC=20 hereby authorized by umber	mes of the to fine name is 3 gence is identified below, the DUNTRY) Corporation or other private genclosed. 38 is altached. charge the required fee(a), or (enclose an extra	group entity Government credit any overpayment copy of this form).
"Fee Address" indip PTO/SB/47; Rev 03-0. Number is required. ASSIGNEE NAME AT PLEASE NOTE: Under recordation as set forth (A) NAME OF ASSIG Case check the appropri The following fee(s) at Since Fee Publication Fee (N) Advance Order - fee Change in Entity Stat	cation (or "Fee Address" India or more recent) attached. UND RESIDENCE DATA TO the same assignee is identified in 37 CFR 3.11. Completion in EE Corpar Chino are assignee category or cat	BE PRINTED ON THE BEPRINTED ON THE below, no assignee dat of this form is NOT a (B) R gories (will not be printe 4b. P tted) 7 7 8 7 8 7 8 8 8 8 8 8 8	registered attorned 2 registered patent listed, no name we E PATENT (print ta will appear on a substitute for filing RESIDENCE: (Cl' Sa. ~ red on the patent): Payment of Fee(s): A check in the and Payment by creating the Director is peposit Account N	y or agent) and the hat a fattomery or agents. I all be printed. or type) the patent. If an assignment. TY and STATE OR Co. Individual Individual mount of the fee(s) is lit card. Form PTC=20 hereby authorized by umber	mes of the to f too name is gence is identified below, the DUNTRY) Corporation or other private genclosed. 38 is attached. charge the required fee(s), o (enclose an extra ALL ENTITY status. See 37 ally paid issue fee to the applications of agent; or	group entity Government credit any overpayment copy of this form).
"Fee Address" indip PTO/SB/47; Rev 03-0: Number is required. ASSIGNEE NAME AT PLEASE NOTE: Under recordation as set forth (A) NAME OF ASSIGNEE ACCEPTANCE The following fee(s) at Publication Fee (N) Advance Order - fee Change in Entity State 2. Applicant claims he Director of the USP OTE: The Issue Fee and terept as shown by the r Authorized Signature Typed or printed name	cation (or "Fee Address" India or more recent) attached. UND RESIDENCE DATA TO the same assignee is identified in 37 CFR 3.11. Completion in Electron Completion Complet	cation form so of a Customer BE PRINTED ON THE below, no assignee dat of this form is NOT a (B) R gories (will not be printed to be printed) ted) 25 27 CFR 1.27. Stuc Fee and Publication will not be accepted figurer and Tradernark Of the company of the printed to be accepted figurer and Tradernark Of the company o	registered attorne 2 registered pattern listed, no name w E PATENT (print ta will appear on a substitute for filin RESIDENCE: (CI' Sa	y or agent) and the hat a fattomerys or agents. I be printed. or type) the patent. If an assignment. TY and STATE OR Company and assignment. Individual Management of the foc(s) is dit card. Form PTO=20 hereby aurthorized by umber	mes of the to f too name is gence is identified below, the DUNTRY) Corporation or other private genclosed. 38 is attached. charge the required fee(s), o (enclose an extra ALL ENTITY status. See 37 ally paid issue fee to the applications of agent; or	proup entity Government of credit any overpayment copy of this form). CFR 1.27(g)(3). station identified above. the assignee or other part

PAGE 02/02

LEGAL

342 828-314-7005

03/05/5002 11:45

PAGE 1/2° RCVD AT 3/2/2005 2:43:54 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-2/6 * DNIS:7464000 * CSID:858 314 7005 * DURATION (mm-ss);

10955 Vista Sorrento Parkway • San Diego • California • 92130

FACSIMILE TRANSMISSION

TQ:

FROM:

James T. Hagler

Iomega Corporation

10955 Vista Sorrento Parkway

San Diego, California 92130

Phone No.: 858-314-7152

Facsimile No.: 858-314-7005

Faceimile No.: 703-746-4000

U.S. Patent & Trademark Office

Mail Stop: ISSUE FEE

Number of pages (including this cover page) 2 Date: 3/2/2005

PLEASE ACKNOWLEDGE RECEIPT OF ALL PAGES INDICATED ABOVE BY FAXING THIS PAGE BACK TO IOMEGA CORP. AT THE FACSIMILE NUMBER PROVIDED ABOVE

In re Patent Application of Isaacson, et al.

Appln. No.: 09/891,441

Filed: June 25, 2001

Title: "Method and System for Providing Secure Digital

Music Duplication*

Group Art Unit: 2132

Conf. No. 3684

Examiner: Peeso, Thomas R.

Docket No.: P0734-US

Name or type of papers being transmitted:

Issue Fee Transmittal (1 pgs.); 1)

Response Due - June 11, 2005

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being faceimile transmitted to the United States Patent and Trademark Office on the date shown below to (703) 746-4000.

March 2, 2005 Date:

This page and any accompanying documents contain confidential information intended for a specific individual and purpose. This telecopied Information is private and protected by law. If you are not the intended recipient, you are hereby notified that any disclosure, copying distribution, or the taking of any action based on the contents of this information, is strictly prohibited. If you have received this error, please notify us immediately by calling (858) 314-7027. Thank you.

9007-416-838

PAGE 01/02

LEGAL

11:45